

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEBRASKA

LAURA R. STAFFORD,)	
)	
Plaintiff,)	4:11CV3140
)	
v.)	
)	
HOME DEPOT U.S.A., INC., and 3PD,)	MEMORANDUM AND ORDER
INC.,)	
)	
Defendants.)	

The defendants have moved to compel the plaintiff to produce a signed authorization allowing the defendants to obtain copies of the plaintiff's medical records from Sterling Medical Center, in Sterling, Colorado. (Filing No. 17). The defendants state they have subpoenaed the records, but Sterling Medical will not comply with the subpoena absent an authorization signed by the plaintiff.

The plaintiff did not object to the subpoena. But she refuses to sign the authorization, stating the defendants cannot be allowed to obtain records directly from the plaintiff's medical providers, they are not entitled to receive a medical authorization signed by the plaintiff, and the defendants do not need the records because the plaintiff has already produced them.

The plaintiff has placed her medical condition at issue. The defendant is entitled to her medical records. Although it has already received records from the plaintiff, the defendant is permitted to obtain records directly from the medical provider even absent any showing that the plaintiff is withholding information; the defendants are allowed to "trust, but verify" that the records received are complete. The plaintiff will not be burdened by signing a medical authorization, and the medical release will facilitate defendants' discovery.

Accordingly,

IT IS ORDERED:

- 1) The defendant's motion to compel, (filing no. 17), is granted.
- 2) On or before January 17, 2012, the plaintiff shall produce to defense counsel a fully executed "Authorization to Use or Disclose My Health Information" (copy attached).
- 3) Upon receipt, the defendant will provide the plaintiff with a copy of all records received from Sterling Medical.

January 9, 2012.

BY THE COURT:

s/ Cheryl R. Zwart
United States Magistrate Judge

Name(s) of Health Care Providers:

Gem City Bone & Joint, Laramie, WY
 Memorial Health Center, Sidney, NE
 Regional West Medical Center, Scottsbluff, NE
 Sidney Medical Associates, Sidney, NE

Sterling Regional Medical Center, Greeley, CO
 SRM Surgical Specialties, Sterling, CO
 Western Drug Co., Sidney, NE

Authorization to Use or Disclose My Health Information

Patient name: Laura Stafford (f/k/a Laura Hill) DOB _____ SSN: _____

I. My Authorization

You may use or disclose the following health care information (check all that apply):

All my health information maintained by the above named practice

(Circle include or exclude for each of the following)

Include or Exclude: My health information related to drug abuse

Include or Exclude: My health information related to alcohol abuse

Include or Exclude: My health information related to HIV/AIDS

Include or Exclude: My health information related to psychological or psychiatric conditions, including psychotherapy notes

My health information relating to the following treatment or condition: _____

My health information for the date(s): any and all

Other: _____

You may disclose this health information to:

Stephen L. Ahl; Wolfe, Snowden, Hurd, Luers & Ahl
 Suite 800, Wells Fargo Center, 1248 "O" Street, Lincoln, NE 68508

This authorization ends: When the following event occurs conclusion of litigation, Case No. 4:11-CV-3140
U.S. District Court of Nebraska

II. My Rights

I understand I do not have to sign this authorization in order to get health care benefits (treatment, payment or enrollment). However, I do have to sign an authorization form:

- : To take part in a research study. or
- : To receive health care when the purpose is to create health information for a third party.

I may revoke this authorization in writing. If I do, it will not affect any actions already taken by the above named practice based upon this authorization. I may not be able to revoke this authorization if its purpose was to obtain insurance. Two ways to revoke this authorization are:

- : Fill out a revocation form. The form is available from the office, or
- : Write a letter to the office.

Once the office discloses health information, the person or organization that receives it may re-disclose it. Privacy laws may no longer protect it.

 Laura R. Stafford

 Date

COUNTY OF _____)
) ss.
 STATE OF NEBRASKA)

The foregoing instrument was acknowledged before me this ____ day of _____, 2012.

 Notary Public